



**West Virginia
Hospital Data Submission System**

***File Specifications
837I Companion Guide***

West Virginia Hospital Association

May 2020

Overview

The following information is intended to serve only as a companion document to the Washington Publishing Company's 837I implementation guide. The use of this document is solely for the purpose of clarification.

ANSI 837i Completion Information

To ensure that your claim files are processed correctly, please include the following information in the appropriate ANSI EDI elements:

ANSI Element	
ISA07	"ZZ" qualifier
ISA08	Production ID: "WVHCA"
ISA15	Enter T when submitting a test claim file. Enter P when submitting a production claim file.
GS03	Production ID: "WVHCA"

Transaction Set Notes:

Loop 2400 can be repeated up to 999 times to accommodate multiple accommodation and ancillary charges. Each occurrence of Loop 2400 must contain the LX segment which assigns an identification number (counter) for each occurrence. In other words, for each LX segment, increment the LX01 by 1. You can only send one SV2 segment per Loop 2400.

The total claim amount should be sent ONLY in the CLM segment (in the CLM02). DO NOT send the total claim amount in an SV2 segment.

Transaction Set Details

The 837 described in this document covers two different scenarios.

- 1 The Subscriber IS the Patient
- 2 The Subscriber IS NOT the Patient

The requirements for each of these scenarios differ slightly, yet both are accounted for in the implementation guide.

The tables in the last two sections of this document address both scenarios separately and indicate the MINIMUM REQUIREMENTS for each.

Key Information Required

WV Health Care Authority / WV Hospital Association require certain pieces of information to successfully process claims. Below is an explanation of these requirements:

<u>Required Field:</u>	<u>Location / Notes:</u>
Admission Date	Send in the DTP03 data element where DTP01 = "435" and DTP02 = "DT". The format of this date/time is CCYYMMDDHHMM. This DTP is in Loop 2300. Not required on outpatient records.
Admission Type Code/Priority of Visit	Send in the CL101 data element in Loop 2300.
Admit from Emergency Room	Send the code P7 in the HI01-02 component data element where HI01-01 = "BG"
Auto Accident State Code	If this claim is related to an auto accident, send the two-character state abbreviation in the auto accident state segment (REF). Send in REF02 where REF01="LU" within Loop 2300.
Batch Date (HCA)	Send this value in the BHT04 data element to supply the date when the data was written to the file.
Batch Number (HCA)	Send this value in the BHT03 data element to supply the batch ID assigned to a deliverable batch
Bill Type (Uniform Bill Type Code)	The first and second positions of the Uniform Bill Type. Code should be sent in CLM05-01 within Loop 2300. The third position of the Uniform Bill Type Code should be sent in CLM05-03 within Loop 2300.
Diagnosis Code (Admitting)	Send this code in the HI01-2 component data element where HI01-1 = "ABJ". Not required on outpatient records

Required Field:**Location / Notes:**

Diagnosis Codes (Other)	Send the first other diagnosis code (if applicable) in the HI01-2 component data element where HI01-1 = "ABF". You can send up to 12 other diagnosis codes in this segment, each one qualified by "ABF" in the first component data element. In addition, you can send a second occurrence of this HI segment if needed to report up to 5 additional other diagnosis codes.
Diagnosis Code (Principal)	Send this code in the HI01-2 component data element where HI01-1 = "ABK" first sub-element of the first element).
External Cause of Injury Code	Send this code in the HI01-2 component data element where HI01-1 = "ABN"
External Cause of Injury POA	Send the EPOA in the HI01-9 component data element of the external cause of injury code HI component data element
Federal Tax Number of the Billing Provider	Send in the REF02 data element where REF01 = "EI" in the NM1 Loop qualified by "85" in Loop2010AA.
HCPCS/CPT Code	Send standard HCPCS/CPT in the SV2 segment, element SV202 of Loop 2400 qualified by "HC".
Medical Record Number	Send this in the REF02 data element where REF01 = "EA". This REF segment is located in Loop 2300 following the CL1 segment.
Medicare Provider Number (aka CCN – CMS Certification Number)	Send in the REF02 data element where REF01 = "G2" using billing provider secondary information in Loop 2010BB
NPI (Attending Provider)	Send the Attending Physician's National Provider Identifier in the NM109 data element where NM101 = "71" and NM108 = "XX" in Loop 2310A.
NPI (Billing Provider)	Send this code in the NM102-09 component data element within Loop 2010AA where NM102-08 = "XX" and NM102-01 = "85".
NPI (Operating Physician)	If applicable, send the Operating Physician's National Provider Identifier in the NM109 data element where NM101 = "72" and NM108 = "XX" in Loop 2310B.
NPI (Other Operating Physician)	If applicable, send the Other Operating Physician's National Provider Identifier in the NM109 data element where NM101 = "ZZ" and NM108 = "XX" in Loop 2310C. The standard generally only allows for one occurrence of the Loop 2310C Other Operating Physician, but both can be successfully processed. If applicable, please send two occurrences of Loop 2310C to report two Other Operating Physicians.

Required Field:**Location / Notes:**

NPI (Rendering Provider)	Send the Rendering Provider's National Provider Identifier in the NM109 data element where NM101 = "82" and NM108 = "XX" in Loop 2310D.
Patient Address Line	Send in the N301 data element in the NM1 Loop qualified by "IL" in Loop 2010BA if the Subscriber is the Patient, else in the NM1 Loop qualified by "QC" in Loop 2010CA if the Subscriber is not the Patient.
Patient Birth Date	Send in the DMG02 data element in Loop 2010BA if the Patient is the Subscriber, else in Loop 2010CA if the Patient is not the Subscriber.
Patient City Name	Send in the N401 data element in the NM1 Loop qualified by "IL" in Loop 2010BA if the Subscriber is the Patient, else in the NM1 Loop qualified by "QC" in Loop 2010CA if the Subscriber is not the Patient. -
Patient Control Number	Send in the CLM01 data element in Loop 2300.
Patient First Name	Send in the NM104 data element in the NM1 Loop qualified by "IL" and where NM102="1" in Loop 2010BA if the Subscriber is the Patient, else in the NM1 Loop qualified by "QC" and NM102="1" in Loop 2010CA if the Subscriber is not the Patient
Patient Gender Code	Send in the DMG03 data element in Loop 2010BA if the Patient is the Subscriber, else in Loop 2010CA if the patient is not the Subscriber
Patient Middle Name/Initial	Send in the NM105 data element in the NM1 Loop qualified by "IL" and where NM102="1" in Loop 2010BA if the Subscriber is the Patient, else in the NM1 Loop qualified by "QC" and NM102="1" in Loop 2010CA if the Subscriber is not the Patient
Patient Last Name	Send in the NM103 data element in the NM1 Loop qualified by "IL" and where NM102="1" in Loop 2010BA if the Subscriber is the Patient, else in the NM1 Loop qualified by "QC" and NM102="1" in Loop 2010CA if the Subscriber is not the Patient
Patient Name Suffix	Send in the NM107 data element in the NM1 Loop qualified by "IL" and where NM102="1" in Loop 2010BA if the Subscriber is the Patient, else in the NM1 Loop qualified by "QC" and NM102="1" in Loop 2010CA if the Subscriber is not the Patient
Patient Race & Ethnicity Code	Send a valid race and ethnicity code in the DMG05 data element in Loop 2010BA if the Patient is the Subscriber, else in Loop 2010CA if the Patient is not the Subscriber. Refer to the WVHDSS Data Element Specifications Guide for required codes.

Required Field:

Location / Notes:

Patient SSN

Send in the REF02 data element where REF01 = "SY" in Loop 2010BA if the Subscriber is the Patient, else send in the REF02 data element where REF01 = "SY" in Loop 2010CA if the Subscriber is not the Patient. Note that this field must not have spaces or dashes.

Patient State Code

Send in the N402 data element in the NM1 Loop qualified by "IL" in Loop 2010BA if the Subscriber is the Patient, else in the NM1 Loop qualified by "QC" in Loop 2010CA if the Subscriber is not the Patient. -

Patient Status Code
(Discharge Status)

Send this code in the CL103 data element within Loop 2300.

Patient Zip Code

Send in the N403 data element in the NM1 Loop qualified by "IL" in Loop 2010BA if the Subscriber is the Patient, else in the NM1 Loop qualified by "QC" in Loop 2010CA if the Subscriber is not the Patient.

Payer Code

Up to 3 codes can be submitted to identify the expected source of payment. Refer to the WVHDSS Data Element Specifications Guide for required codes.

- Send the primary payer in the NM109 data element within Loop 2010BB with NM108 = "PI" where NM101 = "PR" and NM102 = "2" in the 2010BB Loop.
- If applicable, send the secondary payer in the NM109 data element within Loop 2330B with NM108 = "PI" where NM101 = "PR" and NM102 = "2" in the 2330B Loop.
- If applicable, send the third payer in the NM109 data element within Loop 2330B with NM108 = "PI" where NM101 = "PR" and NM102 = "2" as described for the secondary payer.

Point of Origin
(Admission Source Code)

Send in the CL102 data element in Loop 2300. Effective for claims with a start date of 1/1/2011 or later. The value '7' is no longer valid.

Present on Admission
(POA) Codes

Send the POA for Primary Diagnosis in the HI01-9 component data element qualified by "ABK" in the first component data element. You can send up to 12 other POAs in this segment, each one qualified by "ABF" in the first component data element. In addition, you can send a second occurrence of this HI segment if needed to report up to 5 additional other POAs

Procedure Codes (Other)

Send the first other procedure code (if applicable) in the HI01-2 component data element where HI01-1 = "BBQ". You can send up to 11 additional other procedure codes in this segment.

Procedure Code (Principal)

Send this code in the HI01-2 component data element where HI01-1 = "BBR".

Required Field:**Location / Notes:**

Procedure Date (Principal)

In Loop 2300, send this code in the HI01-4 component data element where HI01-3 = "D8".

Procedure Date (Other)

Send the first other procedure date (if applicable) in the HI01-4 component data element where HI01-3 = "D8". You can send up to 11 additional other procedure dates in this segment.

Revenue Codes, Charges, Unit

Send information about the revenue code in the SV2 segment within Loop 2400 with a National Uniform Billing Committee (NUBC) Revenue Code less than 70 or greater than 219 (in the SV201 data element within Loop 2400).

- Send the revenue charge amount in the SV203 data element.
- Send the revenue quantity in the SV205 data element
- Send the revenue unit of measure ("DA" Days or "UN" Unit) that describes the ancillary quantity in the SV204 data element

Statement Coverage Dates

Send this as a date range in the DTP03 data element where DTP01 = "434" and DTP02 = "RD8". Format will be CCYYMMDD-CCYYMMDD. First date is the coverage start date. Second date is the coverage end date. This DTP is in Loop 2300.

Total Claim Charges

Send the total claim amount in the CLM02 data element in Loop 2300.

MINIMUM REQUIREMENTS if the Subscriber IS the Patient:

Loop	Segment	Element	Description
	BHT	BHT01	Hierarchical Structure Code
	BHT	BHT02	Transaction Set Purpose Code
	BHT	BHT03	HCA Batch Number
	BHT	BHT04	HCA Batch Date
	BHT	BHT06	Transaction Type Code
	ST	ST03	"005010X223A2" Transaction Type
1000A			Submitter Name Loop
1000A	NM1	NM101	Entity ID Code "41"
1000A	NM1	NM102	Entity Type Qualifier
1000A	NM1	NM108	Identification Code Qualifier
1000A	NM1	NM109	Identification Code
1000A	PER	PER01	Contact Function Code "IC"
1000A	PER	PER03	Communication Number Qualifier
1000A	PER	PER04	Communication Number
1000B			Receiver Name Loop
1000B	NM1	NM101	Entity Identifier Code "40"
1000B	NM1	NM102	Entity Type Qualifier "2"
1000B	NM1	NM108	Identification Code Qualifier
1000B	NM1	NM109	Identification Code
2000A			Billing/Provider Loop
2000A	HL	HL01	Hierarchical ID Number
2000A	HL	HL03	"20" Hierarchical Level Code
2000A	HL	HL04	Hierarchical Child Code
2010AA	NM1		Billing Provider Information
2010AA	NM1	NM101	"85" Billing Provider
2010AA	NM1	NM102	"2" Non-Person Entity
2010AA	NM1	NM103	Last Name
2010AA	NM1	NM108	"XX" NPI Qualifier
2010AA	NM1	NM109	National Provider Identifier
2010AA	N3	N301	Address Information
2010AA	N4	N401	City Name
2010AA	REF	REF01	"EI" Employer's ID Number
2010AA	REF	REF02	Federal Tax Number
2000B			Subscriber Loop
2000B	HL	HL01	Hierarchical ID Number
2000B	HL	HL02	Hierarchical Parent ID Number
2000B	HL	HL03	"22" Hierarchical Level Code
2000B	HL	HL04	"0" Hierarchical Child Code
2000B	SBR	SBR01	"P" for Primary Payer
2010BA	NM1		Subscriber-Patient Information
2010BA	NM1	NM101	"IL" Insured or Subscriber
2010BA	NM1	NM102	"1" Person
2010BA	N4	N403	Subscriber-Patient Zip Code
2010BA	DMG	DMG01	"D8" Date/Time Qualifier
2010BA	DMG	DMG02	Subscriber-Patient Birth Date
2010BA	DMG	DMG03	Subscriber-Patient Gender Code

MINIMUM REQUIREMENTS if the Subscriber IS the Patient:

Loop	Segment	Element	Description
2010BA	DMG	DMG05	Subscriber-Patient Race and Ethnicity Code
2010BA	N3	N301	Subscriber-Patient Address Line
2010BA	N4	N401	Subscriber-Patient City Name
2010BA	N4	N402	Subscriber-Patient State Code
2010BA	REF	REF01	"SY" Social Security Number Qualifier
2010BA	REF	REF02	Subscriber-Patient SSN
2010BA	NM1	NM107	Subscriber-Patient Name Suffix
2010BA	NM1	NM103	Subscriber-Patient Last Name
2010BA	NM1	NM105	Subscriber-Patient Middle Name/Initial
2010BA	NM1	NM104	Subscriber-Patient First Name
2010BB	NM1		Payer Information
2010BB	NM1	NM101	"PR" Payer
2010BB	NM1	NM102	"2" Non-Person Entity
2010BB	NM1	NM108	"PI" Payer Identification
2010BB	NM1	NM109	Primary Payer Code
2010BB	N3	N301	Address Information
2010BB	N4	N401	City Name
2010BB	REF	REF01	"G2" Medicare Provider Number
2010BB	REF	REF02	Medicare Provider Number
2300	HI	HI01	"D8" Principal Procedure Date Qualifier
2300	HI	HI01	Principal Procedure Date
2300	HI	HIxx	"D8"Other Procedure Date Qualifier
2300	HI	HIxx	Other Procedure Dates
2300	CLM	CLM01	Patient Control Number
2300	CLM	CLM02	Total Claim Charges
2300	CLM	CLM05	Health Care Service Location Information - Facility Code Value - the first & second positions of the Uniform Billing Claim Form Bill Type code
2300	CLM	CLM05	Health Care Service Location Information - Facility Code Qualifier "A"
2300	CLM	CLM05	Health Care Service Location Information - Claim Frequency Type Code - the third position of the Uniform Billing Claim Form Bill Type Code
2300	REF	REF01	"LU" Location Number
2300	REF	REF02	Auto Accident State or Province Code
2300	DTP	DTP01	"434" Statement Coverage Dates Qualifier
2300	DTP	DTP02	"RD8" Date Format Qualifier
2300	DTP	DTP03	Statement Coverage Dates
2300	DTP	DTP01	"435" Admission Date Qualifiers
2300	DTP	DTP02	"DT", "D8" Date Format Qualifiers
2300	DTP	DTP03	Admission Date
2300	CL1	CL101	Admission Type Code
2300	CL1	CL102	Admission Source Code
2300	CL1	CL103	Patient Status Code
2300	REF	REF01	"EA" Medical Record Identification Number
2300	REF	REF02	Medical Record Number

MINIMUM REQUIREMENTS if the Subscriber IS the Patient:

Loop	Segment	Element	Description
2300	HI	HI01	"ABK" Principal Diagnosis Qualifier
2300	HI	HI01	Principal Diagnosis Code
2300	HI	HI01	POA for Principal Diagnosis
2300	HI	HI01	"ABJ" Admitting Diagnosis Qualifier
2300	HI	HI01	Admitting Diagnosis Code
2300	HI	HI01	"ABN" E-Code Qualifier
2300	HI	HI01	External Cause of Injury Code (E-Code)
2300	HI	HI01	POA for External Cause of Injury Code
2300	HI	HIxx	"ABF" Other Diagnosis Qualifier
2300	HI	HIxx	Other Diagnosis Codes
2300	HI	HIxx	POA(s) for Other Diagnosis Code(s)
2300	HI	HI01	"BBR" Principal Procedure Qualifier
2300	HI	HI01	Principal Procedure Code
2300	HI	HIxx	"BBQ" Other Procedure Qualifier
2300	HI	HIxx	Other Procedure Codes
2300	HI	HI01	"BG" Condition Code Qualifier
2300	HI	HI01	P7 Condition Code
2310A	NM1		Attending Provider
2310A	NM1	NM101	"71" Attending Provider
2310A	NM1	NM102	Entity Type Qualifier
2310A	NM1	NM103	Last Name
2310A	NM1	NM108	"XX" NPI Qualifier
2310A	NM1	NM109	National Provider Identifier
2310B	NM1		Operating Physician
2310B	NM1	NM101	"72" Operating Physician
2310B	NM1	NM102	Entity Type Qualifier
2310B	NM1	NM103	Last Name
2310B	NM1	NM108	"XX" NPI Qualifier
2310B	NM1	NM109	National Provider Identifier
2310C	NM1		Other Physician (Primary & Secondary)
2310C	NM1	NM101	"ZZ" Other Physician
2310C	NM1	NM102	Entity Type Qualifier
2310C	NM1	NM103	Last Name
2310C	NM1	NM108	"XX" NPI Qualifier
2310C	NM1	NM109	National Provider Identifier
2320	SBR	SBR01	"S" for Secondary Payer "T" for Tertiary Payer
2330B	NM1	NM101	"PR" Payer
2330B	NM1	NM102	"2" Non-Person Entity
2330B	NM1	NM108	"PI" Payer Identification
2330B	NM1	NM109	Secondary/Tertiary Payer Codes
2400	LX	LX01	Service Line Number
2400	SV2	SV201	Revenue Code
2400	SV2	SV202	"HC" Standard HCPCS/CPT Code
2400	SV2	SV203	Line Item Charge Amount
2400	SV2	SV204	"DA" Days or "UN" Unit
2400	SV2	SV205	Quantity of days or units

MINIMUM REQUIREMENTS if the Subscriber IS NOT the Patient:

Loop	Segment	Element	Description
	BHT	BHT01	Hierarchical Structure Code
	BHT	BHT02	Transaction Set Purpose Code
	BHT	BHT03	HCA Batch Number
	BHT	BHT04	HCA Batch Date
	BHT	BHT06	Transaction Type Code
	ST	ST03	"005010X223A2" Transaction Type
1000A			Submitter Name Loop
1000A	NM1	NM101	Entity ID Code "41"
1000A	NM1	NM102	Entity Type Qualifier
1000A	NM1	NM108	Identification Code Qualifier
1000A	NM1	NM109	Identification Code
1000A	PER	PER01	Contact Function Code "IC"
1000A	PER	PER03	Communication Number Qualifier
1000A	PER	PER04	Communication Number
1000B			Receiver Name Loop
1000B	NM1	NM101	Entity Identifier Code "40"
1000B	NM1	NM102	Entity Type Qualifier "2"
1000B	NM1	NM108	Identificaton Code Qualifier
1000B	NM1	NM109	Identification Code
2000A			Billing/Provider Loop
2000A	HL	HL01	Hierarchical ID Number
2000A	HL	HL03	"20" Hierarchical Level Code
2000A	HL	HL04	Hierarchical Child Code
2010AA	NM1		Billing Provider Information
2010AA	NM1	NM101	"85" Billing Provider
2010AA	NM1	NM102	"2" Non-Person Entity
2010AA	NM1	NM103	Last Name
2010AA	NM1	NM108	"XX" NPI Qualifier
2010AA	NM1	NM109	National Provider Identifier
2010AA	REF	REF01	"EI" Employer's ID Number
2010AA	N3	N301	Address Information
2010AA	N4	N401	City Name
2010AA	REF	REF02	Employer's ID Number
2000B			Subscriber Loop
2000B	HL	HL01	Hierarchical ID Number
2000B	HL	HL02	Hierarchical Parent ID Number
2000B	HL	HL03	"22" Hierarchical Level Code
2000B	HL	HL04	"1" Hierarchical Child Code
2000B	SBR	SBR01	"P" for Primary Payer
2010BB	NM1		Payer Information
2010BB	NM1	NM101	"PR" Payer
2010BB	NM1	NM102	"2" Non-Person Entity
2010BB	NM1	NM103	Organization Name
2010BB	NM1	NM108	"PI" Payer Identification
2010BB	NM1	NM109	Payer Identificaton Number
2010BB	N3	N301	Address Information
2010BB	N4	N401	City Name

MINIMUM REQUIREMENTS if the Subscriber IS NOT the Patient:

Loop	Segment	Element	Description
2010BB	REF	REF01	"G2" Medicare Provider Number
2010BB	REF	REF02	Medicare Provider Number
2000C			Patient Hierarchical Loop
2000C	HL	HL01	Hierarchical Parent ID Number
2000C	HL	HL02	Hierarchical Parent ID Number
2000C	HL	HL03	"23" Hierarchical Level Code
2000C	HL	HL04	"0" Hierarchical Child Code
2000C	PAT	PAT01	Individual Relation Code "1"
2010CA	NM1		Patient Information
2010CA	NM1	NM101	"QC" Patient Qualifier
2010CA	NM1	NM102	"1" Person Entity Type Qualifier
2010CA	N4	N403	Patient Zip Code
2010CA	DMG	DMG01	"D8" Date/Time Qualifier
2010CA	DMG	DMG02	Patient Birth Date
2010CA	DMG	DMG03	Patient Gender Code
2010CA	DMG	DMG05	Patient Race and Ethnicity Code
2010CA	N3	N301	Patient Address Line
2010CA	N4	N401	Patient City Name
2010CA	N4	N402	Patient State Code
2010CA	REF	REF01	"SY" Social Security Number Qualifier
2010CA	REF	REF02	Patient SSN
2010CA	NM1	NM107	Patient Name Suffix
2010CA	NM1	NM103	Patient Last Name
2010CA	NM1	NM105	Patient Middle Name/Initial
2010CA	NM1	NM104	Patient First Name
2300	HI	HI01	"D8" Principal Procedure Date Qualifier
2300	HI	HI01	Principal Procedure Date
2300	HI	HIxx	"D8"Other Procedure Date Qualifier
2300	HI	HIxx	Other Procedure Dates
2300	CLM	CLM01	Patient Control Number
2300	CLM	CLM02	Total Claim Charge Amount
2300	CLM	CLM05	Health Care Service Location Information - Facility Code Value - the first & second positions of the Uniform Billing Claim Form Bill Type code
2300	CLM	CLM05	Health Care Service Location Information - Facility Code Qualifier "A"
2300	CLM	CLM05	Health Care Service Location Information - Claim Frequency Type Code - the third position of the Uniform Billing Claim Form Bill Type Code
2300	REF	REF01	"LU" Location Number
2300	REF	REF02	Auto Accident State or Province Code
2300	DTP	DTP01	"434" Statement Coverage Dates Qualifier
2300	DTP	DTP02	"RD8" Date Format Qualifier
2300	DTP	DTP03	Statement Coverage Dates
2300	DTP	DTP01	"435" Admission Date Qualifiers
2300	DTP	DTP02	"DT", "D8" Date Format Qualifiers
2300	DTP	DTP03	Admission Date

MINIMUM REQUIREMENTS if the Subscriber IS NOT the Patient:

Loop	Segment	Element	Description
2300	CL1	CL101	Admission Type Code
2300	CL1	CL102	Admission Source Code
2300	CL1	CL103	Patient Status Code
2300	REF	REF01	"EA" Medical Record Identification Number Qualifier
2300	REF	REF02	Medical Record Number
2300	HI	HI01	"ABK" Principal Diagnosis Qualifier
2300	HI	HI01	Principal Diagnosis Code
2300	HI	HI01	POA for Principal Diagnosis
2300	HI	HI02	"ABJ" Admitting Diagnosis Qualifier
2300	HI	HI02	Admitting Diagnosis Code
2300	HI	HI01	"ABN" E-Code Qualifier
2300	HI	HI01	External Cause of Injury Code (E-Code)
2300	HI	HI01	POA for External Cause of Injury Code
2300	HI	HIxx	"ABF" Other Diagnosis Qualifier
2300	HI	HIxx	Other Diagnosis Codes
2300	HI	HIxx	POA(s) for Other Diagnosis Code(s)
2300	HI	HI01	"BBR" Principal Procedure Qualifier
2300	HI	HI01	Principal Procedure Code
2300	HI	HIxx	"BBQ" Other Procedure Qualifier
2300	HI	HIxx	Other Procedure Codes
2300	HI	HI01	"BG" Condition Code Qualifier
2300	HI	HI01	P7 Condition Code
2310A	NM1		Attending Provider
2310A	NM1	NM101	"71" Attending Provider
2310A	NM1	NM102	Entity Type Qualifier
2310A	NM1	NM103	Last Name
2310A	NM1	NM108	"XX" NPI Qualifier
2310A	NM1	NM109	National Provider Identifier
2310B	NM1		Operating Physician
2310B	NM1	NM101	"72" Operating Physician
2310B	NM1	NM102	Entity Type Qualifier
2310B	NM1	NM103	Last Name
2310B	NM1	NM108	"XX" NPI Qualifier
2310B	NM1	NM109	National Provider Identifier
2310C	NM1		Other Physician (Primary & Secondary)
2310C	NM1	NM101	"ZZ" Other Physician
2310C	NM1	NM102	Entity Type Qualifier
2310C	NM1	NM103	Last Name
2310C	NM1	NM108	"XX" NPI Qualifier
2310C	NM1	NM109	National Provider Identifier
2320	SBR	SBR01	"S" for Secondary Payer "T" for Tertiary Payer
2330B	NM1	NM101	"PR" Payer
2330B	NM1	NM102	"2" Non-Person Entity
2330B	NM1	NM108	"PI" Payer Identification
2330B	NM1	NM109	Secondary/Tertiary Payer Codes
2400	LX	LX01	Service Line Number
2400	SV2	SV201	Revenue Code

MINIMUM REQUIREMENTS if the Subscriber IS NOT the Patient:

Loop	Segment	Element	Description
2400	SV2	SV202	"HC" Standard HCPCS/CPT Code
2400	SV2	SV203	Line Item Charge Amount
2400	SV2	SV204	"DA" Days or "UN" Unit
2400	SV2	SV205	Quantity of days or units